



THE HONG KONG INSTITUTE OF
SURVEYORS

香港測量師學會

ASSESSMENT OF PROFESSIONAL COMPETENCE

BUILDING SURVEYING 2019

Form APC1R/BS

RE-APPLICATION

to enter the Assessment of Professional Competence

This application may be submitted any time after termination of the APC.
The date of receipt of this application may normally be taken as the date of
re-admission and resumption of training.

(For Office Use)

Form received on	Fee \$1,350 received on	Remarks	Probationer No.
Application for Probationer received on		Referred to BS DEC on	

(For BS DEC Use)

Training to resume on	For PT /FA	Last APC No. B /	New Candidate No. B /
Remarks		BS DEC Chairman	Date

This Version March 2023

Full Name in Block Letters (surname first) Mr.* / Miss *	English Name	Affix A recent photo
Name in Chinese	Date of Birth / / day month year	
Postal Address		
E-mail Address	Contact Telephone No.	

**** CANDIDATE'S DECLARATION ****

- ☐ I set out below full details of my tertiary academic training after secondary school.

Sub-degree or Diploma at Level 4			
Title of Award in full	Academic Institution	From / / month year	To / / month year
Study Mode: Full time / Part time *			
Graduate Degree at Level 5			
Title of Award in full	Academic Institution	From / / month year	To / / month year
Study Mode: Full time / Part time *			

- ☐ My previous APC candidate no. was B ____ / ____.
- ☐ I passed* / failed* the Practical Task in _____.
- ☐ I failed the Final Assessment in _____.
- ☐ I am a Probationer of the HKIS and my membership no. is _____.
- ☐ I wish to re-enter the Assessment of Professional Competence in Building Surveying.
- ☐ I enclose the entry fee of \$1,350 payable to "The Hong Kong Institute of Surveyors".
- ☐ I have read the relevant Rules and Guide and I will abide by the requirements with due diligence.
- ☐ I declare that to the best of my knowledge all statements and information given on this form are true and correct.
- ☐ I understand that any misrepresentation on this form will render this application null and void.

Date of this Re-application	Signature of Candidate

* Delete whichever is inapplicable.

**** FURTHER TRAINING PARTICULARS ****

My employment details are:

Employing Organization	Department in which employed
Office Address	
Job Title of Appointment	Date of Appointment / / day month year
Job Description	Office Telephone No.

There would be opportunities to further my training in the core competences marked “X” in the boxes below:

<input type="checkbox"/> A1 – Building Elements and Components	<input type="checkbox"/> A2 – Building Design and Construction
<input type="checkbox"/> A3 – Building Services	<input type="checkbox"/> A4 – Building Health
<input type="checkbox"/> A5 – Building Safety	<input type="checkbox"/> A6 – Building Efficiency and Sustainability
<input type="checkbox"/> B1 – Building Development	<input type="checkbox"/> B2 – Building Project Management
<input type="checkbox"/> B3 – Building Pathology	<input type="checkbox"/> B4 – Building Maintenance Management
<input type="checkbox"/> B5 – Building Alterations and Additions	<input type="checkbox"/> B6 – Building Property Management
<input type="checkbox"/> B7 – Building Disputes Resolution	

My further training will be monitored by the Counsellor named below:

Name of In-house * / External * Counsellor Mr.*/ Ms*	Name in Chinese	FHKIS / MHKIS Mem No. Elected in
Position of In-house Counsellor *	Office of External Counsellor *	
* I have read the Guidance Notes for Counsellors and I will act as the Counsellor of this candidate.		Signature of Counsellor
E-mail Address of Counsellor	Contact Telephone No.	Date

**** EMPLOYER’S ENDORSEMENT ****

I certify that the candidate is employed as stated above.

Name and Position of Signatory	Signature and Date	Office Chop
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** Delete whichever is inapplicable.*